



Montgomery County Department of Liquor Control  
Licensure, Regulation & Education  
16650 Crabbs Branch Way, Rockville, Maryland 20855  
Phone: 240-777-1999 Fax: 240-777-1991

## CATERING PRIVILEGES (B, BWL, H/R, H/M) EVENT REQUEST FOR APPROVAL

The holder of a catering privilege license must meet all the requirements set forth in Article 2B, Section 6-706.

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

ABC License Number: \_\_\_\_\_

Name of Licensee(s): \_\_\_\_\_

### CATERED EVENT

Name of Organization/Person: \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

No. of Guests Expected: \_\_\_\_\_ Event to be held:                      Indoors                      Outdoors

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Security Provided?                      Yes                      No                      Name of Security Co.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

REQUEST MUST BE SUBMITTED FOURTEEN (14) DAYS PRIOR TO EACH EVENT. PLEASE ATTACH A COPY OF THE FOOD & BEVERAGE LIST YOU WILL BE CATERING, OR A COPY OF THE CONTRACT WITH YOUR CLIENT WHICH INCLUDED THE FOOD & BEVERAGE LIST.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date